

FAMILY GROUP SHEET (FGS)	
FOR THE HALL COUNTY NEGENWEB PROJECT	
HUSBAND:	
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
FATHER'S NAME:	
MOTHER'S NAME:	
WIFE:	
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
FATHER'S NAME:	
MOTHER'S NAME:	
CHILDREN	
CHILD NO. 1:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 2:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 3:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 4:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
SUBMITTER'S INFORMATION	
SUBMITTER'S NAME:	
EMAIL:	
PERSONAL URL:	
MAILING ADDRESS:	
CITY / STATE / ZIP:	

ADDITIONAL CHILDREN	
HUSBAND:	
WIFE:	
CHILD NO. 5:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 6:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 7:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 8:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 9:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
CHILD NO. 10:	
SEX:	<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)
BIRTH DATE / PLACE:	
DEATH DATE / PLACE:	
MARRIAGE DATE / PLACE:	
SPOUSE'S NAME:	
ADDITIONAL NOTES:	

Dear Submitter:

Please fill out all data that you know about your ancestor's family. Use the form provided for those who were born or lived in Hall County, Nebraska. If you wish to add living relative, put names only. Do not include any data of vital statistics.

Submit your form to the Hall County NEGenWeb Project County Coordinator at the following mailing address:

Matthew D. Friend
c/o Hall Co. NEGenWeb Project
618 E. 6th St.
Russellville, AR 72801

Or Scan it & Email it: hall.co.negenweb.project@gmail.com

If you have other data or notes about your ancestor(s), attach copy/copies along with your submission form(s). If the parents had, more than four (4) children, just include copy/copies of the second page form called "Additional Children".

Thank you for your submission. I will place "Family Group Sheet (FGS)" online as soon as possible so that other researchers can contact you about your ancestor(s).

Best regards,

Matthew D. Friend

Matthew D. Friend
County Coordinator Hall County NEGenWeb Project
hall.co.negenweb.project@gmail.com
<http://negenweb.net/NEHall/>